

**ACCESSIBLE PARKING FORM**  
**Application for an Accessible Parking Permit for a Student with a Disability**

**SECTION I- TO BE COMPLETED BY APPLICANT**

Semester Applying for:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_ M#: \_\_\_\_\_

Student Full Name: \_\_\_\_\_  
Last First Middle Initial

Campus/Local Address \_\_\_\_\_  
Street City State Zip

Campus/Local Telephone Number: \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

MSU E-mail Address \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Classification:  Entering Student  Freshman  Sophomore  Junior  Senior  Graduate  
 Other: \_\_\_\_\_

I am requesting an accessible parking permit due to the following mobility problems and/or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Yes  No  - I require aids for walking, e.g., brace, cane, crutch, another person, wheelchair, or other assisting device. If yes, please specify \_\_\_\_\_

By signature below, applicant authorizes physician/ARPN to complete Section II below, and to release information regarding medical condition. I understand that I can revoke this authorization at any time by submitting a written revocation. A revocation will not apply to information that has already been disclosed in reliance on an authorization. I understand that once the information is disclosed pursuant to this authorization it may be re-disclosed by the recipient and the information will no longer be protected by HIPAA. This authorization will expire six (6) months subsequent to the day executed as indicated below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## SECTION II- TO BE COMPLETED BY PHYSICIAN/APRN

Please address questions 1 and 2 then complete either Section A or B (one section only)

1. Specific diagnosis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

2. Is this a Permanent Disability?     Yes             No

If not permanent, the temporary disability is valid until: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

### SECTION A: Tier I - Parking – Severe Mobility Impairment

I certify that I have treated \_\_\_\_\_ and that he/she is an individual with a disability,  
(Name of Patient)  
**which severely limits or impairs the ability to walk** (as set forth in KRS 186.042(1)) as follows (Check as applicable):

- \_\_\_\_\_ cannot walk two hundred (200) feet or 61 meters without stopping to rest;
- \_\_\_\_\_ cannot walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistant device;
- \_\_\_\_\_ uses portable oxygen;
- \_\_\_\_\_ is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;
- \_\_\_\_\_ is restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen is less than sixty (60) mm/hg on room air at rest;
- \_\_\_\_\_ has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association;
- \_\_\_\_\_ Other - please explain \_\_\_\_\_

### SECTION B: Tier II - Parking – Mobility Impairment

I certify that I have treated \_\_\_\_\_ and while he/she does **not** meet the criteria set forth  
(Name of Patient)  
in A. above (severe mobility impairment), he/she has a disability or medical condition which constitutes a visual, audio, or physical impairment, including partial paralysis, heart condition, emphysema, arthritis, rheumatism, or other debilitating condition **which limits or impairs their personal mobility or ability to walk.**

1. How does this disability or medical condition limit the person's ability to ambulate?

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Physician/ARPN Name (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/ARPN Address \_\_\_\_\_

Date \_\_\_\_\_ Physician/ARPN Signature \_\_\_\_\_

Return form to: Murray State University, Office of Student Disability Services, 423 Wells Hall, Murray, KY 42071

*Please return this completed form to the Office of Student Disability Services  
Equal education and employment opportunities M/F/D, AA employer*

## **APPEALS PROCESS**

Any person seeking to appeal the decision of the Director of the Office of Student Disability Services must submit, in writing, a request to review the decision of the Director. This appeal must be delivered to the Office of Institutional Diversity, Equity and Access, within five (5) working days of receipt of the Director of the Office of Student Disability Services' decision. The request shall state reasons why the party is requesting a review and may contain any information for consideration. The Office of Institutional Diversity, Equity and Access will refer the appeal to the Affirmative Action Subcommittee on Disabilities. The committee may confirm, amend, or modify the decision of the Director of the Office of Student Disability Services. The decision of the committee shall be final.

## **MISUSE OF ACCESSIBLE PARKING PERMITS**

Persons initially applying for or renewing a permit that knowingly submit false documentation or misuse a State Disabled Parking Placard or a University issued Accessible Parking permit will be subject to a fine and could face the possibility of losing all University Parking Privileges.

Obtaining a parking permit under MSU's parking regulations for individuals with disabilities does not entitle the permit holder to violate any other parking and/or traffic regulations. This includes, but is not limited to, parking in fire lanes, loading zones, or parking in a space reserved for other use. Vehicles parked in violation of MSU's regulations are subject to citation. Further, the use of an accessible parking permit by someone other than the person listed on the Vehicle Registration Form and Application for an Accessible parking Permit may result in a citation, and/or termination of the permit.

### **RETURN FORM TO:**

Murray State University  
Office of Student Disability Services  
423 Wells Hall ■ Murray, KY 42071

Phone: (270) 809-2018 ■ TDD: (270) 809-5889 ■ Fax: (270) 809-4339